

Mental Health and Substance Abuse - Unlicensed Provider Form

This form must be completed by unlicensed applicants, including students, interns, and other trained providers, requesting enrollment to provide rehabilitative mental health and/or substance use disorder services to Medicaid recipients. This includes unlicensed applicants and other trained providers providing services to children under the authority of the Department of Human Services - Division of Child and Family Services and/or Division of Juvenile Justice Services.

Applicant Name: _____

Check and complete the section below that applies to you:

OTHER TRAINED PROVIDERS - COMPLETE THIS SECTION:

___ I wish to enroll as "other trained provider" to provide psychosocial rehabilitative services (PRS).

Provide name, NPI, and licensure of supervisor below:

Name: _____ NPI: _____ License: _____

Signature of Supervisor: _____ Date: _____

I attest that I have completed or will complete within 60 days of being hired the training specified in the Utah Medicaid Provider manual that covers the mental health or substance use disorder treatment services I will provide. See the *Training Requirements for Other Trained Individuals* in the applicable Utah Medicaid provider manual for mental health or substance use disorders. I also attest that I will notify Medicaid of any change in supervision.

Signature of Applicant: _____ Date: _____

UNLICENSED APPLICANTS, INCLUDING STUDENTS AND INTERNS, COMPLETE THIS SECTION:

___ I wish to enroll with Medicaid as a student or intern

I am working towards licensure as a: _____

Name of education/degree program (school) in which you are enrolled: _____

Provide name, NPI, and licensure of supervisor below:

Name: _____ NPI: _____ License: _____

Signature of Supervisor: _____ Date: _____

In accordance with Title 58-1-307(1)(b) & (c) of the Utah Code, I attest that I am a student engaged in activities constituting the practice of a regulated occupation or profession while in training in a recognized school approved by the division to the extent the activities are supervised by qualified faculty, staff, or designee and the activities are a defined part of the training program; or an individual engaged in an internship, residency, preceptorship, postceptorship, fellowship, apprenticeship, or on-the-job training program approved by the division while under the supervision of qualified individuals.

Signature of Applicant: _____